HISTORY

200 | Previous Psychiatric Problems

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Definition

The presence of significant emotional or mental difficulties in the patient's past experience is important to elicit in the course of history taking. Everyone has had times of emotional stress with minor disruption of function. In this portion of the history the examiner is not seeking information concerning such minor episodes but significant data about psychiatric problems that may bear on the present illness. Significant psychiatric problems are those that produce important interference with a patient's daily activities. If the mental health problem is of enough severity to require hospitalization, it should be regarded as significant.

Technique

The physician who takes a psychiatric history as part of a general medical history faces a different situation from that of a psychiatrist seeking similar information in a mental health setting. A patient who comes to a mental health facility expects to be asked questions about emotional problems. In contrast, the patient in a medical setting often does not expect questions about his or her mental health and is frequently hesitant to bring out self-revealing information. It is particularly important for you to be aware of your own feelings when you approach the psychiatric history. If you are uncomfortable about asking questions in this area or do not really want to open up this area because it may be time-consuming, many patients will sense this and will deny emotional problems even when these are obvious. Thus it is imperative to make it clear to the patient that you have a genuine interest in this area. If you do not have enough time to explore issues of emotional significance fully, you can note on the chart that they need to be explored further in the future. Then you can return to it later when you have more time. Do not rush the patient into giving you information. Always remember that patients who are pushed to reveal emotionally charged information will almost always give less extensive and less accurate data than can be elicited under relaxed conditions.

Constantly keep in mind how strongly charged this area can be. One patient was extremely guarded and hesitant to discuss his feelings until his physician asked for a history of previous psychiatric hospitalization. At that point the patient revealed that he had been committed involuntarily to a psychiatric hospital in the past. He had been badly frightened by the experience and had since that time always been extremely anxious around physicians, out of a fear that he might again be committed to an institution if the physician felt him to be "crazy." Only after these feelings were brought out and openly discussed was the patient able to feel reassured to the point of cooperating fully.

As you begin questions regarding previous psychiatric problems, it is useful to make some introductory comment to prepare the patient for what is to follow. Comments such as the following can allay some of the patient's concerns and enable him or her to give you the information you need: "I am going to ask you some questions regarding your emotional health. I do this with all my patients because I have often found that emotional issues can have profound effects on physical conditions." Attempt to assess whether the patient has shown a tendency toward development of emotional symptoms under stress. In particular, discover if these symptoms produced appreciable loss of function in educational, family, work, or social activities. Always inquire about the nature of any treatment the patient received for these symptoms.

In approaching this area, be specific in your questions. "Have you ever had any emotional illness?" is so general a question that the patient may answer negatively, when with more specific questioning, different information might be given. Beginning with a definite question related to severe illness and progressing to lesser degrees of illness is often a satisfactory pattern. The patient should be asked about any hospitalization for treatment of an emotional or psychiatric illness. With some patients, it is helpful to use the term "nervous breakdown," since this is a commonly used lay phrase. In these cases, ask: "Have you ever had a nervous breakdown serious enough to require your spending time in a hospital?" It is not sufficient to ask whether the patient has ever been hospitalized by a psychiatrist, since patients are frequently hospitalized for emotional difficulties by internists, general practitioners, and others. If the patient replies negatively, then inquire about any period of counseling by a psychiatrist, social worker, psychologist, minister, or other mental health worker. If the patient again responds negatively, ask: "Have you ever experienced a time in which you felt that your emotions significantly interfered with your performance?" If the patient replies affirmatively, inquire further about the details of this episode.

Do not close the inquiry without asking patients whether they have ever had physical symptoms for which their physician suggested an emotional cause or for which their doctor could find no explanation. A positive response to either of these questions may be the first clue that the patient reacts to stress by either hypochondriacal or psychophysiologic symptoms.

Basic Science

Working with Joseph Breuer, Sigmund Freud discovered that certain patients with conversion symptoms showed dramatic improvement when they were encouraged to talk freely while in a hypnotic trance. Freud later discovered that similar improvement in symptoms could be obtained if patients were allowed to free associate while not in a hypnotic trance. The patient was encouraged to discuss freely anything that came to mind during the therapeutic sessions. As Freud

proceeded with these investigations, he repeatedly found that the roots of many emotional conflicts appeared to be found in childhood experiences. Eventually it became clear that emotional problems in the present were usually linked in an integral way to past experiences. At the present time, there are many theories of human behavior. Whether behavior is regarded from the standpoint of a psychoanalytic model or a learning theory model, however, there is general consensus that past experience is a heavy determinant of current activity. Ethologic experience, such as the studies of Konrad Lorenz, also provides support for the concept that early experiences are of great importance in shaping later behavior. In almost every clinical situation, it has been found useful in treatment to have a clear concept of the patient's past experience.

Clinical Significance

In assessing the significance of a positive history of previous psychiatric problems, details must be obtained concerning the treatment received by the patient. Psychiatric illness severe enough to require hospitalization suggests that the patient's susceptibility to emotional stress is greater than that of the general population. Such patients are generally regarded as having a higher statistical likelihood of further difficulty than patients without such a history. Patients who have obtained only outpatient therapy that involves counseling around a specific stress situation in their lives or counseling for the purpose of clarifying life goals would not, simply because of this counseling, be regarded as having greater likelihood of difficulty in the future. By resolving their conflicts through therapy, many of these patients have better understanding of themselves and may be even less likely to have further psychiatric difficulties than the average person.

In general, patients who receive medications during outpatient treatment can be regarded as having had a more serious emotional problem than patients who did not receive medication. It is important to know as precisely as possible what medications were taken. Many patients will know the names of the medications taken. If a major tranquilizer such as chlorpromazine (Thorazine), thioridazine (Mellaril), or trifluoperazine (Stelazine) was taken, the illness is likely to have been more severe than if a minor tranquilizer such as chlordiazepoxide hydrochloride (Librium) or diazepam (Valium) was given. If an antidepressant medication was used, one must inquire further concerning the extent of the depression, as will be outlined in Chapter 203, Depression.

Some patients will know what their diagnosis was during past treatment. Psychotic illnesses such as schizophrenia are generally regarded as more severe than neurotic problems such as phobic or anxiety reactions.

References

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